

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Kytril (Granisetron)

Therapy:

Prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer therapy

Prevention of nausea and vomiting associated with radiation, including total body irradiation and fractionated abdominal radiation

Inclusions:

A) Request comes from an Oncologist or Radiologist

B) Failure of Zofran

C) Length of treatment

Authorization:

Length of treatment

Medical Director_____

Date_____